

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006384

1. Entity Name

ORLANDO FAMILY WORSHIP CENTER, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 022 ****61.25

Principal Place of Business

300 GOLF BROOK CIRCLE #210
 LONGWOOD FL 32779

Mailing Address

300 GOLF BROOK CIRCLE #210
 LONGWOOD FL 32779

2. Principal Place of Business

1067 Rainer Dr.

Suite, Apt. #, etc.

1004

3. Mailing Address

1067 Rainer Dr.

Suite, Apt. #, etc.

1004

City & State

Altamonte Spgs, FL

City & State

Altamonte Springs, FL

4. FEI Number

58-12-179182-55C

☒ Applied For
☐ Not Applicable

Zip

32714

Country

U.S.A

Zip

32714

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEIK, STEPHEN W
 1101 N LAKE DESTINY DR, SUITE 120
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME BEESLEY, GARY H
 STREET ADDRESS 300 GOLF BROOK CIRCLE #210
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD ☐ Delete
 NAME BEESLEY, JANICE
 STREET ADDRESS 300 GOLF BROOK CIRCLE #210
 CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD ☐ Delete
 NAME BOZARTH, BRENT
 STREET ADDRESS 10122 FACET CT
 CITY-ST-ZIP ORLANDO FL 32836

TITLE SD ☐ Delete
 NAME BEIK, STEPHEN W
 STREET ADDRESS 1101 N LAKE DESTINY RD, SUITE 120
 CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen W. Beik* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-30-00 407-869-4311

CR2E037 (5/00)